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DIRECT MEDICAL COSTS OF GERD AND ASSOCIATED FACTORS

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OBJECTIVES: To describe health care resource consumption and subsequent costs in GERD management in primary care centers in Spain. **METHODS:** In this retrospective, observational study, a random sample of all patients who visited a primary health care center in Spain for a reason related to GERD over a 4 months period were included. Patients with GERD symptoms were invited to participate, and those who accepted completed an interview visit during which clinical data were collected. Information regarding health care resources (diagnostic methods, physicians visits and hospitalization days) during the time between the two visits was collected, transformed into annual consumption, and expressed as 2008 € (according to public tariffs available and rate of inflation). **RESULTS:** Overall, 63,416 patients were identified during the study period. In 1727 (2.7%) patients GERD was a reason for the visit. Of these, 579 patients were randomly selected and 87% participated in the study; Mean age was 60 years (SD: 15,7), 59% were women. Patients with a high symptom load (frequency: ^{3}2 days or daily; and intensity: moderate or severe), made a mean number of visits per year to a PCP of 5.35 compared with 2.2 visits in patients with a low symptom load; visits to a gastroenterologist were 1.55 vs. 0.45 and to other specialists were 0.64 vs. 0.17, with hospitalization days 0.61 vs. 0, respectively. Total direct medical costs increased on average from €186€ to €578€ to €956 when patient-reported heartburn intensity varied from mild to moderate to severe, respectively; and from €314 to 623€ to €1076 when acid regurgitation was also considered. **CONCLUSIONS:** Higher symptom load at baseline leads to an increasing use of health care resource. Further research is needed to better understand the causes as well as identifying potential GERD management approaches that could better optimize health care resource utilization.

PGI17

REAL WORLD DOSING OF ANTI-TUMOR NECROSIS FACTOR THERAPIES IN THE TREATMENT OF ADULTS WITH CROHN'S DISEASE

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OBJECTIVES: To compare real-world vs. labeled anti-tumor necrosis factor dosing in adults with CD. **METHODS:** A retrospective claims analysis was conducted for CD patients aged ≥18 years using Wolters Kluwer Health's Source Lx Longitudinal patient database. Newly initiated adalimumab (ADA) or infliximab (IFX) patients, determined by a 90-day absence of claims for either agent prior to the index date, with continuous enrollment and therapeutic persistence for the study duration, were analyzed. Labeled dose was calculated monthly as the cumulative sum of 40 mg syringes (ADA) or 100 mg vials (IFX) required from the first day of the index month through December 31, 2007, inclusive of induction and maintenance dosing. The IFX labeled dose assumed 4–8 vials per infusion, representing the labeled dose range (5 mg/kg–10 mg/kg) for an average patient weighing 71 kg, which was the mean weight of patients in the IFX clinical trial. Mean cumulative utilization was analyzed for each drug monthly and compared with the labeled dose. **RESULTS:** There were 1299 patients with ADA (average age 41.6; 61% female) and 2118 patients with IFX (average age 42.9; 57% female). For ADA, 48.6% patients were at or below the labeled dose, while 51.4% were above the labeled dose. The average difference between mean prescribed dose and labeled dose for ADA was +5.51 syringes. For IFX, 57.7% patients were below the lowest labeled dose of 5 mg/kg, 32.9% were within the 5 mg/kg to 10 mg/kg range, while only 9.4% were above the highest labeled dose of 10 mg/kg. The average difference between mean prescribed dose and lowest labeled dose (5 mg/kg) was –2.10 vials. **CONCLUSIONS:** In CD, most (51.4%) ADA patients were above the labeled dose, while few (9.4%) IFX patients were above the labeled dose. Payers should analyze their own data to determine if these same trends are seen and, determine the impact of these dosing patterns to the plan.

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DIRECT MEDICAL COSTS OF CROHN'S DISEASE IN SPAIN: A MARKOV MODEL

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OBJECTIVES: To assess the direct hospital cost of Crohn's Disease (CD) in daily clinical practice in Spain. **METHODS:** Descriptive, naturalistic, retrospective, multicenter study of moderate/severe CD patients. Pooled data from ten hospitals, each including ten outpatients, were analysed. Clinical records were reviewed for patient demographics, disease characteristics and use of resources. A Markov model analysis was used to estimate the total cost per patient by disease severity state. The study evaluated direct medical costs in 2007 from a Spanish NHS perspective. The time horizon was a 3-year period. A sensitivity analysis was performed to assess the impact of variables on the direct medical costs of CD. **RESULTS:** A total of 178 patients (median age 37 (11) years; median time since diagnosis 9 (5) years) were included. Disease location was ileocecal in 47.7%, ileal in 32% and colonic in 19.7%. The most frequent symptom pattern was inflammatory (51.1%) and 39.3% presented perianal disease. The total annual cost per patient was €7722.66. Hospital admissions accounted for 57% of the total costs. The costs associated with drug treatment were 33% which are divided in 27% for biological therapies and 6% for conventional therapies. Other costs including visits, tests and surgical interventions accounted for 10%. The course of the disease showed a decline in remission/mild states and an increase in severe states being the average cost per patient and cycle of €228.578 and €2481.18 respectively. The probability of receiving a biological therapy was the only variable with a significant impact in the total cost of CD management. **CONCLUSIONS:** The direct cost of CD management is due mostly to hospital admissions and to the intense use of resources in the most severe disease status. The introduction of new therapies that allow a significant improvement in the evolution of patients' disease could provide relevant economic savings for the Spanish NHS.